

Not Actively Seeking Work and A&A Questionnaire - Claimant

Claimant Information:

Last Name: _____ First Name: _____ MI: _____ ID or SSN: _____

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

Under Section 500 of the Illinois Unemployment Insurance Act, an unemployed individual shall be eligible to receive benefits with respect to any week only if he/she is able to work, available for work and actively seeking work. The information you provide will be used for the purpose of determining your eligibility for benefits.

Please complete, sign and re turn this questionnaire to your Illinois Department of Employment Security Local Office as instructed. Failure to respond will result in a determination based on the available information. *If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.*

Section A: Work Search Information for	Through
During the period above, were you able to work? Yes No If no, please explain:	
During the period above, were you available for work? Yes No If no, please explain:	
During the period above, were you actively seeking work? Yes No If no, please explain:	
What type of work are you seeking?	
What is your experience and/or training in the area in which you are seeking work?	
What methods are you using to seek work? (Check all that apply)	
<div style="display: flex; justify-content: space-between;"> In Person Internet Fax / Resume / Application Mail Phone Illinois JobLink </div>	
Other (Please Explain) _____	
What is the minimum salary/wage you are willing to accept? \$ Per (Hr/Day/Week/Etc.)	
What is the maximum distance you are willing to travel to work? Miles: and/or Minutes:	
What is your method of transportation?	
What hours/shifts are you willing to work? Hours From: : (AM/PM) To: : (AM/PM)	
Shifts: (Check all the apply) First Second Third Rotating	
What days are you willing to work? (Check all that apply)	
<div style="display: flex; justify-content: space-between;"> Sunday Monday Tuesday Wednesday Thursday Friday Saturday </div>	
If less than full-time, please explain:	
Have you moved since working for your last employer? Yes No If Yes, where did you last work?	
City: State: Where are you currently looking for work?	
Section B: Temporary Help Firm Information	
Was your last employer a temporary help firm? Yes No	
If Yes, please complete the following questions. If no, please skip to Section C, no further questions are required.	
During the period from through did you contact the temporary help firm? Yes No	
If no, please explain:	
If no, please skip to Section C, no further questions are required.	
If yes, on what date did you contact the temporary help firm? / /	
What was the method of contact?	
Who was the person contacted?	
What instructions were you given?	
What is the temporary help firm's policy in regards to reporting your availability?	
Section C: Signature	
Signature: Date:	
Name: (printed) Telephone Number:	